

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED AFTER 1ST AMENDMENT AFTER 2ND AMENDMENT

IND DEP IND DEP IND DEP

1	1				
2	1				
3	1				
4	1				
5	1				
6	5				
7	2				
8	5				
9	5				
10	1				
11	1				
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TOTAL IND. 2

TOTAL DEP. 48

TOTAL CLAIMS 57

51		IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS